

Foster Family Home - Corrective Action Report

Provider ID: 2-512328

Home Name: Arsenio Lopez, CNA

Review ID: 2-512328-5

920 Puku Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/6/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN, MSN
Compliance Manager

Ann B. [Signature]
Primary Care Giver

6/11/19
Date

6/6/19
Date